

**Draft Minutes of the State Board of Health  
October 12, 2005**

The Washington State Board of Health (WSBOH) met at the Yakima Convention Center in Yakima, Washington. Dr. Kim Marie Thorburn, WSBOH Chair, called the public meeting to order at 9:05 a.m. and addressed the attendees with the following statement:

“This is a public meeting of the State Board of Health held under provisions of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today’s meeting have been available since close of business last Friday from the Board’s Tumwater office and on its Web site at [www.sboh.wa.gov](http://www.sboh.wa.gov). They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds, we have only made as many copies as we feel is needed, so we may run out of some particularly popular items. If you do not find a document you need, please ask Desiree Robinson, WSBOH Executive Assistant, or another Board staff person for one.

Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch.”

**SBOH members present:**

Kim Marie Thorburn, MD, MPH, Chair  
Charles Chu, DPM  
The Honorable David Crump, PhD  
Ed Gray, MD  
Frankie T. Manning, MN, RN

The Honorable Mike Shelton  
Karen VanDusen  
Bill White (for Mary Selecky)  
Maxine Hayes, MD, MPH (for Mary Selecky)

**SBOH members absent:**

Keith Higman

Mel Tonasket

**State Board of Health Staff present:**

Craig McLaughlin, Executive Director  
Lonnie Peterson, Public Information Officer  
Desiree Robinson, Executive Assistant

Ned Therien, Health Policy Analyst  
Tara Wolff, Health Policy Analyst

**Guests and Other Participants:**

Janice Adair, Department of Health  
Nancy Bernard, Department of Health  
Art Busch, Washington Education Assoc.  
Michelle Davis, Department of Health  
Mike Glass, Department of Health  
James Green, Citizen  
Maryanne Guichard, Department of Health  
Cherish Hart, March of Dimes

Dr. Maxine Hayes, Department of Health  
Dr. Thomas Locke, NBS Advisory Committee  
Dan Sander, Department of Health  
Thelma Simon, Citizen  
Jennifer Tebaldi, Department of Health  
Scott Torpie, Department of Health

Chair Thorburn noted that Craig McLaughlin, WSBOH Executive Director, would be absent for the morning portion of the meeting due to his attendance at a legislative hearing in Spokane.

### **APPROVAL OF AGENDA**

Chair Thorburn asked that Tab 8, regarding the selection of vice chair, be considered out of order. Three Board members had expressed interest in serving as vice chair. She said that the Board's Bylaws specify votes by voice, but did not think it appropriate to have a voice vote for a contested election. She called for a motion to change the Bylaws. Since two Board members were absent this day, she suggested postponing the selection of vice chair until the November meeting. The Board members agreed to the postponement.

***Motion: Amend Bylaws Article V, Manner of Voting, Item 1, by deleting the word "elections."***

***Motion/Second: Manning/VanDusen***

***Approved unanimously***

The Honorable David Crump, WSBOH Member, requested information about pandemic flu planning. Chair Thorburn said Mr. McLaughlin would address this issue during his report later in the day but that the topic deserved discussion that is more extensive. She would allow time for it on the November agenda. Bill White, Deputy Secretary of Health, stated that he would also provide some information about pandemic flu planning during the Department of Health update.

***Motion: Approve October 12, 2005 agenda***

***Motion/Second: Crump/Shelton***

***Approved unanimously***

### **ADOPTION OF SEPTEMBER 6-7, 2005 MEETING MINUTES**

***Motion: Approve the September 6-7, 2005 minutes***

***Motion/Second: Crump/VanDusen***

***Approved unanimously***

### **DEPARTMENT OF HEALTH UPDATE**

Deputy Secretary White said that during September, hurricane relief planning was a large item of business for DOH. Operation Evergreen established a relief center in Tumwater. There was little demand for services, but the exercise served as a valuable planning activity. DOH has helped coordinate volunteers from public health agencies in Washington who went to the hurricane area to help. These volunteers are doing a great service under very difficult conditions. There has been a lot of activity regarding standards for health professions. In 2002, the Washington Supreme Court changed the standard of evidence for physicians from "preponderance of evidence" to "clear and convincing evidence." In 2004, an appeals court said that disciplinary action for nursing assistants must also meet the higher standard of evidence. West Nile virus was detected for the first time in Washington. It was found in mosquitoes this summer in the Yakima area. Other animals infected include some birds and a horse. There are no human cases currently identified. Drought conditions occurred in many parts of the state this summer. Yakima County had a public system that ran out of water. Deputy Secretary White introduced Dan Sanders, DOH Drinking Water Program. Mr. Sanders explained that water was being trucked in by Yakima County to the water system. A connection to a neighboring water system is being considered. Other systems in Eastern Washington have run low on water.

This year's anti-smoking campaign for kids uses an edgy "claymation" advertisement. According to a focus group of children, this is the right style of advertisement to reach kids at the age most likely to start smoking. Some parents are expressing displeasure with the advertisement. Dentist disciplinary activities have received a lot of press recently. The issue for the Dental Professional Disciplinary Commission has been the burden of proof required to take action. DOH is devoting attention to pandemic flu planning. Mary Selecky, Secretary of Health and WSBOH Member, is testifying in front of legislators today. DOH has a plan of response for the agency. Dr. Maxine Hayes, State Health Officer, has been raising awareness in the business community. Businesses could potentially have a quarter of their workforce ill at the same time.

Karen VanDusen, WSBOH Member, asked if suitable buildings for housing quarantined individuals had been identified. Deputy Secretary White said there are currently no buildings identified. Frankie T. Manning, WSBOH Member, suggested that the Board receive a briefing on disaster preparedness planning. Deputy Secretary White said that DOH could provide such a briefing at a later meeting.

The Honorable Mike Shelton, WSBOH Member, expressed concern about the spending of federal money for terrorist planning, rather than general disaster planning and emergency response. Chair Thorburn commented that Secretary Selecky's leadership had broadened planning to an "all hazards" approach in Washington State.

#### **BOARD MEMBER COMMENTS AND CONCERNS**

Dr. Ed Gray, WSBOH Member, expressed concerns about the Centers for Disease Control and Prevention's (CDC) approach to prioritizing flu vaccine administration. He said that NE Tri-County Health District would not follow the federal policy. He expressed concern about President Bush's announcement that the federal government will control the quarantine process in case of a pandemic. He also stated that the country's health care costs are now 17 percent of the gross national product.

Member Shelton asked for an update on this year's flu vaccine situation. Chair Thorburn explained that the CDC has asked providers only to give shots to Priority Group 1 (high-risk individuals) through October 23. She said the CDC recommendations were not the best approach to control transmission of flu. Beginning October 24, the CDC says everyone can get the vaccine. The supply should be sufficient for all, but distribution might be unequal. Member Gray mentioned that one flu manufacturer was getting reports of Guillain-Barré syndrome associated with another vaccine they produce, which could mean the public becomes suspicious of that company's flu vaccine. He wanted to make sure that all 90 million doses of flu vaccine available this year get used. Chair Thorburn said complete usage of all doses would encourage manufacturers to make more vaccine. Member Manning expressed concern about the cost of the vaccine that might discourage use.

***Motion: The State Board of Health supports usage of all influenza vaccine manufactured for use in the country.***

***Motion/Second: Gray/Crump***

***Approved unanimously***

Member Crump asked whether the experience of Operation Evergreen demonstrated that money spent on disaster planning over recent years was worthwhile. Deputy Secretary White said he

thought recent planning did make gearing up for hurricane relief easier. He said, however, that it demonstrated some inter-jurisdictional problems.

Member VanDusen asked about public forums. Chair Thorburn said she was requesting that the Governor allow a delay of the forums until the first half of 2006. She would like to hold them in conjunction with Board meetings.

#### **CHAPTER 246-366 WAC, SCHOOL ENVIRONMENTAL HEALTH & SAFETY, RULE REVISION UPDATE**

Member VanDusen introduced the school rule revision update in WSBOH Member Keith Higman's absence. She stated that she served on the School Rule Development Committee (SRDC) and commended DOH staff for doing a good job, in particular, Mark Soltman, DOH Environmental Health and Safety, for his excellent meeting facilitation. She said health and safety rules to protect children in schools were as important as health and safety rules for adult work places. Ned Therien, WSBOH Staff, briefly mentioned the history of presentations to the Board from concerned citizens and DOH staff about school health and safety. He called the Board's attention to the materials behind Tab 5 and introduced Maryanne Guichard, Director of the Office of Environmental Health and Safety, DOH.

Ms. Guichard introduced Nancy Bernard, DOH, and expressed appreciation for her work on the rule. Ms. Guichard explained the SRDC process. She noted that the process looked at a large number of issues to develop recommendations. She said that DOH was developing a draft rule and intended to hold numerous workshops to seek stakeholder input, beginning in January 2006. To allow stakeholders to participate, three workgroups reported to the SRDC—Indoor Air Quality, Drinking Water Quality, and Safety. The SRDC evaluated recommendations from the workgroups to develop consolidated recommendations to DOH. Ms. Guichard mentioned that mold contamination was one of many topics discussed extensively. Lack of funding to schools and local health agencies for environmental health and safety inspections and remedies is a major hindrance to the success of these rules. A goal is for schools to recognize that health and safety inspections to identify problems are cost-effective.

Dr. Charles Chu, WSBOH Member, said classroom ventilation is a very important consideration. He thought one way to help control the spread of respiratory diseases was for children to wear masks during certain periods of the year, as is common in parts of Asia. Ms. Bernard replied that natural ventilation was designed out of school buildings for energy savings, though some new designs have natural ventilation. She said the Environmental Protection Agency's Tools for Schools program was a very successful self-inspection aid for schools regarding air quality.

Member Shelton asked whether state funding was available to help school districts solve environmental health and safety problems to meet standards proposed for this rule. Ms. Bernard replied that the Legislature provided some money for schools for emergency repairs through a grant program. However, school districts must fund ongoing maintenance through levies. Member VanDusen said the SRDC spent a lot of time discussing funding limitations and dealt with this by recommending some provisions be in rule and others be recommendations to school districts. Member Shelton said he thought the residential building code might have gone too far in support of energy conservation, to the detriment of air quality. He asked whether that was an issue for school construction as well. Ms. Bernard said it is still a topic of discussion under a program to develop the

Washington Sustainable Schools Protocol. She said there is tension between energy conservation and indoor air quality proponents.

Member Crump asked whether the safety workgroup addressed issues around bus loading zones and crosswalks. He asked what the terms “periodic inspections” and “injury prevention through design” meant. Ms. Bernard said the Department of Transportation (DOT) addresses traffic patterns. A national program called Crime Prevention through Environmental Design (CPTED) includes safety considerations. The SRDC discussed the need for clarification regarding expected inspection frequency, while allowing for innovative programs like that of Spokane Regional Health District.

Member Manning asked if there was a DOT representative present during the rule revision process. Ms. Bernard said DOT was not involved. The only state agency consistently represented was the Office of Superintendent of Public Instruction, though the Department of Ecology, the Department of Labor and Industries, and the State Fire Marshall have provided comment and are part of continuing stakeholder communication. Member Manning encouraged stakeholder involvement to include students specifically from schools serving low-income communities.

Ms. Guichard said DOH is committed to upgrading its guidance documents for health and safety in schools. Other agencies, including the State Board of Education or the Building Code Council, might better address some of the SRDC recommendations, she said. DOH may request Board support in passing along those suggestions.

Chair Thorburn asked Ms. Guichard when DOH expects to have a draft rule. Ms. Guichard said that the timeline is taking longer than originally estimated, but expected to have a draft rule ready by January for stakeholder workshops. She suggested that DOH return to brief the Board. Chair Thorburn asked whether DOH was able to provide any substance, such as drinking water standards, at this time. Ms. Guichard said DOH was still doing an internal review of the recommendations and was not ready to provide more substance on the content of the rule proposal. Member VanDusen commented that another briefing about substance would be appropriate after DOH had completed stakeholder workshops on the draft rule. The consensus of the Board was to receive another briefing.

The Board took a break at 10:39 a.m. and reconvened at 10:58 a.m.

### **NEWBORN SCREENING**

Chair Thorburn introduced the panel of presenters on newborn screening. Tara Wolff, WSBOH Staff, called the Board’s attention to the materials behind Tab 6 and noted the two motions. She mentioned two letters of support received on newborn screening for cystic fibrosis. Chair Thorburn mentioned an additional e-mail she received from a parent also supporting the proposal.

Mike Glass, Department of Health, called the Board’s attention to the *Annual Report of Newborn Screening 2003*, completed by DOH in August 2005. Mr. Glass explained that DOH is required to report annually to the Board on screening results by county, by race, and on the cost of screening. He said the 2004 newborn screening report format would be somewhat different because five additional tests were added in 2004.

Member Crump asked if there was more detail available about race such as Eastern European in the white category. Mr. Glass said this data is not available. Member VanDusen referred to page 13 of the report regarding low counts of Native Americans and wondered about children born in non-traditional settings. Mr. Glass said most children born in our state are screened, and DOH works with midwives and other groups. DOH screens 99.6 percent of infants in our state.

Dr. Maxine Hayes, State Health Officer, said the federal government does not regulate newborn screening; rather, it falls on the states to determine what conditions should be required for newborn screening. In Washington State, the Board has responsibility for developing policy to guide these decisions. The U.S. Department of Health and Human Services commissioned the American College of Medical Genetics (ACMG) to identify a list of recommended conditions that states could consider when making decisions about newborn screening. Dr. Hayes explained that medical technology advances have made it possible to screen newborns for many conditions. This make it important to clarify the boundary between public and private responsibility. The Board's response to rapidly emerging technological advances was to develop criteria to determine which conditions should be included in mandatory screening. An advisory committee made recommendations to the Board on what criteria to adopt when adding a screening test to the required list of conditions. Systems of care need to be available to treat newborns with these conditions. This fits with the five criteria Washington State uses to make decisions on conditions to require newborn screening.

Member Crump asked how many conditions are screened for in Washington State. Mr. Glass explained that Washington currently screens for 11 conditions (using ACMG definitions). Member Crump asked if treatment availability is a criterion. Dr. Hayes confirmed that it is a criterion, but that a physician in consultation with the family can order more tests than the state requires.

Member Shelton asked how Washington's newborn screening requirements compare with other states. Mr. Glass said it is a moving target since medical technology has revolutionized what states can screen for these days. Compared to other states, Washington is around the lower third to the middle. Member Shelton asked how insurance companies view screening and the associated costs. Mr. Glass indicated that insurance companies understand the importance of early detection but may be reluctant to cover rare conditions.

Member VanDusen asked whether DOH charges a fee for screening newborns. Mr. Glass said DOH charges a fee for the cost of the lab tests. Hospitals collect the fees. Generally, the next step for children with a positive diagnosis is treatment in a specialty clinic. Dr. Hayes explained that DOH has no long-term funding security for these specialty clinics. Member VanDusen wondered about the role of insurance companies in covering children with positive diagnoses. Jennifer Tebaldi, Department of Health, said DOH charges a specialty clinic fee to assist in the treatment of children. The fee is currently \$3.50 per child (for the first four conditions), and was just raised to \$6.10 per child for the next two years to cover the five new conditions. Because some of the conditions are very rare, insurance companies do not cover them. Hospitals can bill insurance companies of covered children for reimbursement.

Dr. Thomas Locke, Newborn Screening Advisory Committee Co-Chair, suggested that his review of how the committee used the five criteria to review cystic fibrosis would give the Board a detailed view of how the criteria work. He explained that the medical rationale criterion was met—gains can be expected in nutritional status, cognitive development, reduced hospital stays, and fewer diagnosis odysseys. The availability of treatment criterion was also met. Three specialty centers in

Seattle, Spokane, and Tacoma provide a nationally recognized system of care. Elsewhere in the state, there are challenges. The public health criterion was also met; the advisory committee found justification for testing every child, rather than a limited subset. The available technology criterion was also met.

The majority of the committee believes the cost-benefit criteria were met; however, this was not a unanimous decision and so an additional cost-benefit analysis was conducted to address some of the concerns that were raised. Mr. Glass felt the mixed vote was due to the analysis presentation, which emphasized preventing mortality and hospitalizations and did not provide enough cost data on benefits gained, such as improvements in nutritional status or cognitive development. These gains are harder to measure. DOH was able to work with Scott Gross, a nationally recognized senior economist from the CDC, to refine the numbers. By using the main benefits gains, \$5.40 is saved for every dollar spent on screening newborns for cystic fibrosis with Washington's technological approach to screening. Even if Washington were to switch to another type of screening, there would still be a cost savings.

Member Shelton asked how uninsured parents pay for treatment. Dr. Locke explained that the specialty clinics get funding for families from various sources, and their funding base seems stable. He said care and counseling are difficult to get in rural areas. Chair Thorburn explained that families' care needs are ongoing. Member VanDusen asked how many children are currently diagnosed with cystic fibrosis. Mr. Glass said these numbers are not available. Member VanDusen asked if diagnosed cystic fibrosis cases were distributed throughout the state. Mr. Glass explained that cystic fibrosis affects all racial groups but that Caucasians have higher rates. Member Manning said military children are not being included in Washington State's newborn screening program and asked how DOH is addressing that issue. Mr. Glass explained that DOH wants the military to join the newborn screening program; however, the military wants more conditions screened for than Washington State offers, so they use Oregon's services instead.

***Motion: The Board requests that DOH initiate rule making that would add cystic fibrosis to the list of preventable heritable disorders leading to developmental disabilities or physical defects in Chapter 246-650 WAC.***

***Motion/Second: Shelton/Crump***

***Approved unanimously***

***Motion: The Board will work with the Department of Health to begin a process to review the conditions set forth in the American College of Medical Genetics report that are currently not under consideration by the Board or included in Chapter 246-650 WAC. The conditions will be reviewed against the five Board-approved criteria for adding disorders to the newborn screening program and recommendations will be made regarding which, if any, the Board should consider adopting in rule.***

***Motion/Second: Shelton/Crump***

***Approved unanimously***

### **PUBLIC TESTIMONY**

Thelma Simon, resident of Cle Elum, has a son who felt the affects of poor indoor air quality in his "sick school" while in kindergarten. She served as a parent alternate on the SRDC and appreciated the process though she expressed concern with the outcome. Schools need to function properly. She is concerned about high classroom temperatures and said the SRDC did not find a solution to the

problem. She said that indoor air quality problems continue to exist in Cle Elum schools. Her son is now in a new high school where the ventilation system has already failed to operate and was down for one week this year.

James W. Green, resident of Cle Elum, said he appreciated the work of the SRDC. He said the process looked at many issues beyond those on which the Board received public testimony. He thought the process was productive; however, he asked the Board to look at previous testimony and make sure concerns brought to the Board by the public are addressed in the rule. He requested research on the long-term affects on children. He expressed concern that the process did not develop standards for mold and particulate levels in classrooms. He hoped that the Board would direct staff to review further the work of experts to determine a mold standard and include it in the rule.

Cherish Hart, Director of Program Services for the Washington State Chapter March of Dimes, expressed appreciation and support of the Board's work on newborn screening. She said that Washington ranks in the middle compared with other states on the requirements for newborn screening. She encouraged the Board to make Washington a leader in newborn screening. Member Crump asked whether other states that require more newborn screening tests than Washington have similar criteria for determining what diseases to include in screening requirements. Ms. Hart said she was not aware of other states having similar criteria.

The Board recessed for lunch at 12:16 p.m. and reconvened at 1:25 p.m.

#### **ANNOUNCEMENTS AND OTHER BOARD BUSINESS**

Ms. Wolff, sitting in for Mr. McLaughlin, called the Board's attention to the materials behind Tab 9 and reviewed copies of health-related articles.

Mr. McLaughlin then joined the meeting and continued with the following announcements:

- The Governor's Boards and Commissions conference on December 20.
- The legislative hearing he attended this morning regarding disaster response and planning.
- The 20<sup>th</sup> Annual Washington Health Legislative Conference on December 6.
- Former Board Chair, Dr. Thomas Locke, had been awarded the Featherstone Reid Award presented by Governor Gregoire at the Joint Conference on Health.
- The proposed 2006 WSBOH meeting schedule.
- The PHIP Standards Assessment results for the Board.
- The Joint Select Committee on Public Health Financing.
- The Governor's Health Summit on October 25.
- The *Community Environmental Health Assessment* report was presented by Marianne Seifert, former WSBOH Staff, in Australia where she received an invitation to present, with Carl Osaki, form WSBOH Vice Chair, in Beijing, China.
- Mr. McLaughlin spoke briefly about the HIV Name Reporting rule.

#### **DEBRIEF REGARDING SEPTEMBER 7, 2005 STRATEGIC PLANNING SESSION & NEXT STEPS**

Chair Thorburn asked Mr. McLaughlin to explain the materials behind Tab 10 about the next steps for strategic planning and asked the Board to look at the proposed timeline included in the memo. Mr. McLaughlin said he would consider the discussion of the Board and synthesize a plan proposal.



Member VanDusen said the process model used by the SRDC for prioritizing activities might be useful for the Board. Mr. McLaughlin said he was looking at various methods for continuing the prioritizing process. He plans to merge the information from the discussion in September with that of today. Chair Thorburn asked the Board to consider the results of the survey of stakeholders.

The Board took a break at 2:10 p.m. and reconvened at 2:22 p.m.

### **STRATEGIC PLANNING—COMMITTEE REPORTS ON PROPOSED INITIATIVES**

Chair Thorburn said this portion of the agenda would allow the Board committees to present the proposals they developed. She introduced the Access Committee's proposal on Access Measures for the Healthiest State in the Nation Campaign. Member VanDusen asked whether this type of information could lend support to increased legislative funding. Deputy Secretary White suggested that the Board's efforts might help get consensus for action from the many different groups looking at access to health care challenges. He noted that there are many different organizations already considering this issue. Mr. McLaughlin stated that many groups were considering the concept of "health home," "health care home," or "medical home." He said that legislators were considering these concepts related to health disparities. He participated in recent discussions with the Washington Health Foundation (WHF), which is looking for a partner in this initiative. He sees the Board's role as a partner with DOH and WHF. Member VanDusen said consumers would need a lot of education, because the initiative uses "in speak."

Member Manning introduced the proposal on Immunization Policy. She said that immunization policy is very complex. The immunization rates in Washington are lower than we would like. Chair Thorburn said DOH is looking at criteria for which vaccines should be part of the universal distribution program. She represents the Board as a voting member on a committee formed by DOH. Combination vaccines are being promoted by the pharmaceutical industry, are favored by parents, but are more costly. Many other states are going to "universal-light" policies. The Board's authority for rules on immunization involves pre-entry requirements to schools. Local health officers are also looking at this issue, particularly regarding adult immunization policy. Mr. McLaughlin said some portions of this initiative are already under way. Member VanDusen said this would be a good topic for the public forums. Member Shelton said he has noted costs to public health for education to counter vaccine resistance.

Member Gray introduced the Health Insurance Reform proposal. He said that we are moving away from an employer-based health insurance system and moving to an individual-based system. He said the Board might be able to facilitate discussion about creating the best health care funding system for this country. The system should involve a common risk pool with a single administrative system for efficiency. He thinks this will be very hard to achieve; however, the Board might be able to lead rational discussion. Chair Thorburn commented that discussion on this issue tends to be dialogue from different points of interest that tug at each other. Member VanDusen said starting with an educational briefing of the Board on how the health insurance system works would be a good idea.

Mr. McLaughlin introduced the Access to Mental Health Care proposal. He said there has been a lot of discussion in the last year by legislators about the state of mental health care. The legislators' discussion is focused on bed space. Member Shelton said the mental health system is seriously broken and could benefit from following a public health model. Prevention services do not exist. A person needs several visits to a hospital during a year to qualify for Medicaid. He is concerned that

the Legislature will turn the solution over to a for-profit insurance company. Member Gray thinks that changing the qualifications for Medicaid disability status would be the best way to address the problem. Now a person must have a physical disability to qualify. Member Manning said people with mental health problems have a double problem because society looks down on them. Member Crump said we do not have a public mental health system we have a Medicaid insurance mental illness program. He would like this issue addressed during the public forums. Member VanDusen suggested that the special focus of the Board be children's mental health.

Member Manning introduced the Veteran's Access proposal. She said about 10 percent of veterans in the state take advantage of federal veterans' benefits for which they are eligible. Many veterans do not understand their eligibility. The Washington State Department of Veterans Affairs also provides some access to care through contracted services. There are about 700,000 veterans in the state but only three major federal veterans' health care centers. Some states have veteran health clinics in rural areas, but not Washington. Travel distance hinders access to federal care for eligible veterans. This proposal would try to improve use of the federal VA system in this state. Member Shelton asked whether there was an ability to increase contracted services in remote areas. Member Manning said federal funding for contracted services in remote areas was based on demand and demand was based on knowledge of eligibility.

Mr. McLaughlin introduced the proposal for Tribal Public Health Partnerships. The American Indian Health Commission has been working with the Legislature to add a tribal representative to the Board. Other statutory changes might help build partnerships between the tribes, the state, and local agencies. This proposal is about building better partnerships with the tribes to build health capacity. Member VanDusen suggested that even if some proposals get higher priority rankings, it would be good to keep the Board working on secondary priority issues regarding health capacity.

Member Manning introduced several proposals from the Health Disparities Committee. In the past, the Board has looked at health disparities in the work force and has produced some successes. Ms. Wolff explained the State Policy Agenda for Health Disparities proposal. She said the Infant Mortality proposal intended to address the higher infant mortality rates in minority groups. The proposed strategy is to convene a summit to examine ways of addressing these issues in various minority communities. Ms. Wolff explained the Health Disparities and Academic Achievement Gap proposal. Data show that health disparities in minority groups lead to poor academic achievement. She said the strategies in the proposal include supporting efforts of other state agencies and convening a forum to address this issue. Chair Thorburn said poor achievement in school leads to continued poor health outcomes throughout life. She said addressing health disparities would likely involve non-traditional collaborations by the Board. Ms. Wolff discussed the Health Disparities and Men of Color proposal. Chair Thorburn said WHF was increasingly looking at ways to eliminate health disparities. She said there is a lot of opportunity for the Board to set policy on this issue.

Member Crump introduced the proposals from the Children's Health and Well-Being Committee. Research shows that sharing family meals results in better nutrition for all family members and improved behavior in youth. The younger the child, the more benefit is provided by family meals. The Family Meals proposal includes a strategy to convene a summit to address this issue and develop ways of promoting family meals. He introduced the Farm-to-School Direct Marketing proposal. The Washington State Department of Agriculture and OSPI are asking the Board to participate in this initiative to encourage schools to buy fresh produce directly from local growers. Member Chu explained that family meals could help children's health by counteracting tendencies

to use drugs. He said a recent article in *The Seattle Times* noted documented exposure to pesticides was less from fresh organic produce than regular sources. Deputy Secretary White said state agencies are looking at more efficient purchasing of bulk foods for many state-funded programs, but quality is probably not a primary consideration. Member Shelton said local school districts are up against many financial and practical obstacles to serving foods that are more nutritious.

Member Chu introduced the Dental Access and Health Insurance Coverage of Preventive Services for Children proposals. Preventive care and early interventions could save vastly higher costs for corrective care. Ms. Wolff said in Washington employer-sponsored insurance covers about 55 percent of children. A recent survey of 450 employers found that the vast majority of them support preventive health care, but they want to see data that there are real benefits. Member VanDusen asked whether the issue was the kind of coverage the insurance industry was offering for employer plans or whether the issue was trying to get employers to take sick leave for preventive services. She said she would not like the Board to tackle the issue of trying to get employers to release employees from work for all preventive health services. Mr. McLaughlin replied that the issue for these proposals was to encourage employers to provide health insurance with preventive coverage.

Member Chu introduced the Increasing Students' Opportunities to be Physically Active proposal. He said part of this proposal includes helping children safely walk to school. Ms. Wolff said this is a new initiative, prepared since the September Board meeting, based on priority concerns expressed by the Board at that meeting. Increasing children's physical activity is a goal of Healthy People 2010. Data shows that physical activity increases children's health, reduces obesity, and aids academic performance. A recent survey by the State Board of Education found that compliance with statutory requirements for students' physical activity in school is poor. The strategy for this issue would use the Board's ability to convene diverse groups to discuss solutions to health problems.

Member VanDusen introduced the Health Impacts of the Built Environment proposal. Mr. Therien said this proposal contained strategies to increase communication between community planners and the public health community. Deputy Secretary White said ten years ago, in his job with local health, he tried to get the planners and environmental health professionals to communicate better on common issues. He encouraged the effort. Member Shelton commented on connecting personal responsibility to opportunities for healthy living. For example, you can build a walkable community but people may still choose to drive. Chair Thorburn replied that it takes a lot of money and effort to create opportunities for behavioral change and building a supportive environment is part of it. Member VanDusen said the Board should focus efforts on things that individuals cannot do for themselves.

Chair Thorburn said the discussion today revealed some common threads of concern of Board members. Mr. McLaughlin discussed several possible strategies for prioritizing the initiative proposals. Member VanDusen suggested that the priority discussions from the September meeting should be coordinated with the initiative proposals and brought back to the Board for consideration. Member Shelton asked whether staff needed direction from the Board before the next meeting. Mr. McLaughlin said that it would be helpful to have guidance from the Board on how to narrow the focus before preparing a draft plan for discussion at the November meeting. Chair Thorburn said the Board members did not appear to be ready to narrow the focus today. She said the Board members were comfortable having staff do some consolidating and synthesizing of ideas from the September and October meetings. Mr. McLaughlin felt he had heard enough from the Board to

begin preparing a draft for their consideration in November. He will be calling Board members over the next few weeks to get additional direction.

**ADJOURNMENT**

Chair Thorburn adjourned the meeting at 4:43 p.m.